

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/522,043-Conf. #6728	
	Filing Date		October 13, 2005	
	First Named Inventor		Xin Lu	
	Title	Polypeptide		
	Art Unit	1642		
	Examiner Name	Sean E. Aeder		
Attorney Docket No.		31265/5829		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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City 	State 	Zip
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature <i>Anne Lane</i>	Date 6/3/08
Name ANNE LANE	Telephone 0207 699 9000
Title and Company UCL Cruciform Limited	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.